

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43722

FILED
May 06, 2003
Secretary of State

Entity Name: OLD CATHOLIC CHURCH, INC.

Current Principal Place of Business:

30230 JOHNSTON RD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

30230 JOHNSTON RD
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-3127960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RECTOR, ROBERT L
30230 JOHNSTON ROAD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CDT () Delete
Name: RECTOR, ROBERT L
Address: 30230 JOHNSTON RD
City-St-Zip: DADE CITY, FL

Title: SDT () Delete
Name: RECTOR, LADONNA
Address: 30230 JOHNSTON RD
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: LANE, RICHARD P
Address: 8850 KNOT APT #231
City-St-Zip: BUENA PARK, CA 90620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. RECTOR

CDT

05/06/2003

Electronic Signature of Signing Officer or Director

_____ Date